

Deficit Reduction Act (DRA) Poster Order Form

Fax your order to: (818) 767-6980

For questions: (818) 767-6984

Organization Name _____

Today's Date _____

Delivery Address (No P.O. boxes) _____

City _____

State _____

Zip _____

Contact Person Name _____

Telephone Number _____

E-mail address _____

Organization Category Please indicate the category your organization represents:

- ☐ County Social Services
☐ County Health Department
☐ Hospital/Clinic
☐ Health Plans
☐ Health Provider

- ☐ School
☐ Community Based Organization
☐ Advocate
☐ Stakeholder

Language Selection (number ordered)	Mailing
English _____ Spanish _____	Please allow 5 to 7 working days for standard delivery at no cost.
Arabic _____ Armenia _____ Chinese _____ Farsi _____ Hmong _____ Khmer (Cambodian) _____ Korean _____ Lao _____ Russian _____ Tagalog _____ Vietnamese _____	<div style="text-align: center;"> Special Delivery Request You may request to have posters shipped at your cost by: </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> UPS <input type="checkbox"/> FedEx </div> <div style="text-align: center; margin-top: 10px;"> Preferred Method </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Overnight <input type="checkbox"/> 2-Day </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> Ground </div> <div style="margin-top: 10px;"> Your Billing Authorization/Account # _____ </div>